MISSOURI STATE BOARD OF HEALTH Do not use this space. SICIANS should state BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 4951. PLACE OF BATH Registration District No .... File No..... County 3010 Primary Registration District No... Registered No. RECORD 2. FULL NAN (a) Residence, No. (If nonresident, give city or town and State) (Usual place of abode) PERMANENT How long in U. S., if of foreign birth? mos. Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, WIDOWED, OR 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) stated ] hat I attended deceased from SA. (F MARRIED, WIDOWED, OR DIVORCED uld be **HUSBAND OF** (OR) WIFE OF should to have occurred on the data stated above, at 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: clasedfied. If LESS than 1 DAYS 7. AGE **YEARS** MONTHS Date of onset day. .....hrs. or .....min. 8. Trade, profession, or particular kind of work done, as spinner, supplied. properly ( ATION sawyer, bookkeeper, etc.,...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... carefully it may be i 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance so that it may occupation..... year).... 12. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) 13. NAME Name of operation. Every item of information sh
OF DEATH in plain terms, What test confirmed diagnosis?...... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. Manner of injury.. (ADDRESS) 18. BURIAL. Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? N. B.—E CAUSE If so, specify 19. UNDERTAKE (ADDRESS) (Signed)

